



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	08/846,933	
	<b>Filing Date</b>	April 30, 1997	
	<b>First Named Inventor</b>	CLELAND, Jeffrey L. et al.	
	<b>Group Art Unit</b>	1645	
	<b>Examiner Name</b>	Hines, J.	
<b>Total Number of Pages in This Submission</b>	7	<b>Attorney Docket Number</b>	402E-916903US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> <b>Issue Fee Transmittal + copy</b> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Fee Address Indication form; Request for Corrected Filing Receipt; receipt acknowledgment postcard
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	
<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Emily M. Haliday, Reg. No. 38,903, Quine Intellectual Property Law Group, P.C.
Signature	
Date	March 18, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the U. S. Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.			
Typed or printed name	Amelia Weintraub		
Signature		Date	March 18, 2005